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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # S33964

KARLA MARIE, INC.

FILED Jan 29, 1999 8:00am Secretary of State

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Principal Plac	e of Business	Mailing Address				#1541 #391 B1#14 #3411 #1#11 #3	11. 81811 B1811 1681
6366 NW 82ND) AVE	6366 NW 82ND AVE			ļ		
MIAMI FL 3316	66 ·	MIAMI FL 33166					
US		US				RITE IN THIS SPACE	
		•			3. Date Incorporated or Qualifer	d .	
				-	02/22/1991		ł
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0246326	T	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		- · -		_ \$8.75	Additional
22		27			5. Certifcate of Status Desired		Required
City & Stat	te .	City & State			6. Election Campaign Financing	. 95.00	May Be
23	-	28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Cour	ntrv			101663
一	[25]	29	30	,	8. This corporation owes the cu	rrent year intangible	□No
24	9. Name and Address of Cur		1301		Personal Property Tax. 10. Name and Address of New		
	9. Name and Address of Cur	Tent Registered Agent		81 Name	10. Name and Address of New	Registered Agent	
PICE	HARDO, TULIO			Name			j
	6 NW 82ND AVE			82 Street Add	ress (P.O. Box Number is Not Accep	table)	
					يوالمهد والمعاد والمعاد	لمراف يقوم الانتام بالوصيعة فاحق يراني	
, MIAI	MI FL 33166		İ	83	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	机数数数数数	
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-				84 City	•		Code"
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508. Florida St	tutes, the ab	ove-named con	poration submits this statement for the	e numose of changing i	ts registered
					ion's board of directors. I hereby acce	ept the appointment as i	egistered
agent. I a	m familiar with, and accept the ob	ligations of, Section 607.0505,	Florida Statu	tes.			
SIGNATURE							
OIDINITION	Signature typed or printed name of registered		OTE: Projetered	Ament eignoture convir	ad uther reinetation) - " ()	DATE	
	Signature, typed or printed name of registered			Agent signature requir	ADDITIONS/CHANGES TO O	DATE FEICERS AND DIRECT	ORS IN 12
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO O	FFICERS AND DIRECT	
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99 (3.6) 477-7920

(44,00)